



VETERINARY MEDICAL BOARD PREMISES APPLICATION INSTRUCTIONS



PREMISES APPLICATION INFORMATION

Business and Professions Code Section 4853 requires all premises where veterinary medicine, veterinary dentistry, veterinary surgery, and the various branches thereof are being practiced to be registered with the board.

New premises permit requests and changes to existing premises must be completed on a premises application form. No changes can be processed on a renewal form or on any another form.

The premises application must be complete before the Board can begin processing the application. Please complete each box or indicate not applicable (N/A) if the question does not pertain to your request.

The initial registration fee for a veterinary premises is \$100.00. This fee must be included with your application for a permit. There is also an annual veterinary premise renewal fee of \$100.00 that is due on May 15. Premises permits renew annually. Personal veterinary licenses are renewed biennially.

Normal processing time for a premises application is three to four weeks. This time may be longer if the application is missing information or the correct fee. The permit must be posted in a place where consumers and inspectors can view it. Failure to post the permit is a violation of the Veterinary Medicine Practice Act, Business and Professions Code, section 4850.

Premises permit fees are not pro-rated. If a facility is open on or before March 31, it will still be subject to renewal on May 15.

APPLICATION INSTRUCTIONS

Which box to check:

Initial Registration of Premises – Not Previously Registered.

Check this box if this facility has NEVER been registered with the Veterinary Medical Board. You must include a \$100.00 registration fee and indicate the date on which the facility will open.

Relocation of Existing Fixed Facility, Currently Registered with the Veterinary Medical Board.

Premises permits are non-transferable. Check this box if your facility is relocating. You must include the current premises permit number, a \$100.00 fee and the date the new facility will open.

Registration of Shelter (County, City, State)

Check this box if this facility is operated by the city, county, or state government. There is no fee due for this permit.

Change of Address for Mobile/Ambulatory/House Call Practice

Check this box if you are changing the address for a mobile, ambulatory or house call practice that is currently registered with the Veterinary Medical Board. You must include the current premises permit number, the effective date of the change, and a \$10 fee.

Change of:

Facility Name

Check this box if the name of your facility is changing. Include the current premises permit number, the effective date of the change, and a \$10.00 fee.

Managing Licensee Only.

Check this box if the managing licensee is changing. Include the current premises permit number, the effective date of the change and a \$10.00 fee.

NOTE: If there is a facility name change and a managing licensee change only one \$10.00 fee is required.

Type of Business Change

If the business type is changing, please check this box and include any supporting documentation that is required to substantiate the request (Articles of Incorporation, etc.).

APPLICATION FEES

▪ Initial Registration of Premises – Not previously registered	\$100
▪ Relocation of Existing Fixed Facility – currently registered	\$100
▪ Change of address for mobile/ambulatory/house call	\$10
▪ Change of Facility Name and/or Managing Licensee	\$10
▪ Registration of Shelter (city, county, state)	No fee (Exempt)
▪ Business type change	No fee

1. FACILITY INFORMATION

Name of Business/Phone/Fax Number

The name of the premises must be listed. Only this name can be used for advertising purposes.

You must include a facility phone number for daytime and evening time, if applicable. This number will not be released to the public, but may be used by the Board for application processing or for inspection purposes.

Physical Address

The physical address of the facility must be listed. If the practice is mobile, house call, or ambulatory, the address where the vehicle resides or where any drugs and/or records are stored must be listed.

Mailing Address

If the physical address is in a rural area where a post office box is required, or if there is no street delivery at the physical address, please include either the post office box information or an alternate address for mail. This must be listed IN ADDITION to the physical address.

2. MANAGING LICENSEE INFORMATION

The managing licensee is the person who is responsible for all actions within the premises. The managing licensee must be a California licensed veterinarian with a current and active license. Please include the California veterinary license number, DEA number, and the managing licensee's residence address. The residence address information will not be public, unless it is the address of record for the managing licensee's personal veterinary license.

3. MANAGING LICENSEE HISTORY

Please identify whether you are currently registered as the managing licensee of any additional veterinary premises registered with the Veterinary Medical Board and identify whether they will remain open and if you will remain as the managing licensee.

4. DEA INFORMATION

Identify the DEA number that will be used for purchasing at this location.

5. PRACTICE INFORMATION

Check the box that best describes your practice type.

6. NUMBER OF EMPLOYEES

List the number of employees that work within the facility. Include all staff, regardless of the number of hours worked.

7. BUSINESS INFORMATION

All premises must disclose the business type. The application cannot be processed without this information. Business types include:

- Sole Owner
- Partnership
List the names of all partners, percentage interest in business, title, and veterinary license number, if applicable.
- Corporation – Provide the exact name of the corporation, the date incorporated, and in which state. THE ARTICLES OF INCORPORATION MUST BE INCLUDED TO PROCESS THE APPLICATION. Failure to submit the Articles of Incorporation will result in the application being returned as incomplete.
- City/County/State owned animal shelter

8. OWNER OF BUSINESS

List the owner of the veterinary business. You must include a contact address and telephone number.

9. HOSPITAL INSPECTION CHECKLIST

This inspection checklist must be completed in order for the application to be processed. You only need to mark the boxes for the items that apply to your practice type. The managing licensee will sign to verify that he/she will ensure the facility is in compliance with all applicable laws.

10. DISCLOSURE QUESTION

Pursuant to Business and Professions Code Section 4846.4, this disclosure question is required for new premises and renewal of a premises permit.

BUSINESS AND PROFESSIONS CODES, RELATING TO VETERINARY PREMISES

Section 4850

Every person holding a license under this chapter shall conspicuously display a copy of the license in his or her principal place of business.

Section 4853

(a) All premises where veterinary medicine, veterinary dentistry, veterinary surgery, and the various branches thereof is being practiced shall be registered with the board. The certificate of registration shall be on a form prescribed in accordance with Section 164.

(b) "Premises" for the purpose of this chapter shall include a building, kennel, mobile unit, or vehicle. Mobile units and vehicles shall be exempted from independent registration with the board when they are operated from a building or facility which is the licensee manager's principal place of business and the building is registered with the board, and the registration identifies and declares the use of the mobile unit or vehicle.

(c) Every application for registration of veterinary premises shall set forth in the application the name of the responsible licensee manager who is to act for and on behalf of the licensed premises. Substitution of the responsible licensee manager may be accomplished by application to the board if the following conditions are met:

(1) The person substituted qualifies by presenting satisfactory evidence that he or she possesses a valid, unexpired, and unrevoked license as provided by this chapter and that the license is not currently under suspension.

(2) No circumvention of the law is contemplated by the substitution.

Section 4853.1.

(a) Each application to register a premise pursuant to Section 4853 shall be made on a form provided by the board. An application for renewal of that registration shall be made annually.

(b) The application shall contain a statement to the effect that the applicant has not been convicted of a felony, has not been the subject of professional disciplinary action taken by any public agency in California or any other state or territory, and has not violated any of the provisions of this chapter. If the applicant is unable to make that statement, the application shall contain a statement of the conviction, professional discipline, or violation.

(c) The board may, as part of the renewal process, make necessary inquiries of the applicant and conduct an investigation in order to determine if cause for disciplinary action exists.

Section 4853.5.

When it has been adjudicated in an administrative hearing that the licensee manager has failed to keep the premises and all equipment therein in a clean and sanitary condition as provided for in subdivision (h) of Section 4883, or is in violation of any of the provisions of Section 4854, the board may withhold, suspend, or revoke the registration of veterinary premises, or assess a fine of not less than fifty dollars (\$50) nor more than five hundred dollars (\$500) per day until such violation has been rectified, or by both such suspension and fine. The total amount of any fine assessed pursuant to this section shall not exceed five thousand dollars (\$5,000).

Section 4853.6.

The board shall withhold, suspend or revoke registration of veterinary premises:

(a) When the licensee manager set forth in the application in accordance with Section 4853 ceases to become responsible for management of the registered premises and no substitution of the responsible licensee manager has been made by application as provided for in Section 4853.

(b) When the licensee manager has, under proceedings conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, the license to practice veterinary medicine, surgery, and dentistry revoked or suspended.



VETERINARY MEDICAL BOARD

VETERINARY PREMISES APPLICATION



OFFICE USE ONLY																												
Check the appropriate box: <input type="checkbox"/> Initial Registration of Premises – Not Previously Registered. Date Facility to Open: _____ <input type="checkbox"/> Relocation of Existing Fixed Facility – Currently Registered. Permit # HSP: _____ Date Facility to Open: _____ <input type="checkbox"/> Registration of Shelter (City, County, State) <input type="checkbox"/> Change of Address for Mobile/Ambulatory/House Call Practice Permit # HSP: _____ Effective Date of Change: _____ <input type="checkbox"/> Change of: <input type="checkbox"/> Facility Name <input type="checkbox"/> Managing Licensee Permit # HSP: _____ Effective Date of Change: _____ <input type="checkbox"/> Type of Business Change	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Fee:</td> <td style="width: 40%;"></td> <td style="width: 40%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td>\$100</td> <td></td> </tr> <tr> <td></td> <td>\$100</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td>NO FEE</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td>\$10</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td>\$10</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>Receipt Number: _____</td> </tr> <tr> <td></td> <td></td> <td>Date: _____</td> </tr> <tr> <td></td> <td>NO FEE</td> <td></td> </tr> </table>	Fee:		<input type="checkbox"/>		\$100			\$100	<input type="checkbox"/>		NO FEE	<input type="checkbox"/>		\$10	<input type="checkbox"/>		\$10	<input type="checkbox"/>			Receipt Number: _____			Date: _____		NO FEE	
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1. Facility Information

Name of Business: _____

Telephone Number: _____ Fax Number: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address *(Please list only if there is no mail delivery to the physical address)*

Address: _____

City: _____ State: _____ Zip: _____

2. Managing Licensee Information

Name of Managing Licensee: _____ Social Security Number: _____

California Veterinary License Number: _____ Expiration Date: _____

DEA Number: _____ Expiration Date: _____

Residence Address: _____

City: _____ State: _____ Zip: _____

3. Managing Licensee History

Are you currently registered as a managing licensee of another premises? _____ Yes _____ No

If yes, please list the permit number(s): _____

Will those premises remain open? _____ Will you remain as managing licensee? _____

4. DEA Information

Please identify the DEA number that will be used for this facility:

DEA#: _____ Name: _____ VET License Number: _____

5. Practice Information

Please check all that apply

☐ Small ☐ Vaccination Clinic ☐ Emergency ☐ House Call
☐ Large ☐ Mixed ☐ Mobile/Ambulatory ☐ Animal Shelter

6. Number of Employees

_____ CA Licensed Veterinarians _____ Non – California Licensed Veterinarians _____ Clerical/Administrative
_____ Registered Veterinary Technicians _____ Lay Assistants _____ Other: _____

7. Business Information

Note: California Veterinarians are not permitted to operate a Limited Liability Company

_____ Sole Owner _____ Partnership _____ City/County/State _____ Other: _____
_____ Corporation ➔ Include a copy of the Articles of Incorporation for: 1) All new applications; and 2) Ownership changes.

For Partnerships Only:

Include the information below for all partners. Attach additional paper if necessary.

Name: _____ %Interest: _____ Title: _____ Veterinary License Number: _____

Name: _____ %Interest: _____ Title: _____ Veterinary License Number: _____

For Corporations Only:

Include a copy of the Articles of Incorporation

Corporation Name: _____ Corporation Number: _____

Date of Incorporation: _____ State of Incorporation: _____ FEIN: _____

8. Owner of Business

Name: _____ Social Security Number: _____

Address: _____ Telephone Number: _____

City: _____ State: _____ Zip Code: _____

Are you currently an owner of any other premises registered with the Veterinary Medical Board?

☐ Yes ☐ No

If Yes, please list the permit numbers: _____

THE BOARD WILL RETURN INCOMPLETE APPLICATIONS.
PLEASE VERIFY THAT ALL THE REQUESTED INFORMATION HAS BEEN SUPPLIED.

9. HOSPITAL INSPECTION CHECKLIST

The following is a checklist that is used by the VMB hospital inspectors during a hospital inspection. The appropriate statutory or regulatory authority is referenced next to each item. (The 4000 series is Business and Professions Code; the 2000 series is the California Code of Regulations.)

You are required to complete this inspection checklist. Check the items that apply to your practice type.

PROFESSIONAL LICENSE DISPLAYED

- ☐ DVM, RVT, Premises B & P 4850
- ☐ Correct address of licensee 4852

STANDARDS FOR BUILDING AND GROUNDS

- ☐ Lighting Indoor Exam & Surgical Rooms 2030(a)
- ☐ Reception Room/Office 2030(b)
- ☐ Exam Room 2030(c)
- ☐ Compartments 2030(d)(1)
- ☐ Contagious Facilities 2030(d)(2)
- ☐ Fire Precautions 2030 (f)(1)
- ☐ Temperature and Ventilation 2030 (f)(2)
- ☐ X-Ray 2030(f)(4)
- ☐ Laboratory services 2030 (f)(5)
- ☐ Separate Surgery 2030(g)(1)
- ☐ Surgery Lighting/Emergency 2030 (g)(2)
- ☐ Floors, Tables and Counters 2030 (g)(3)
- ☐ Exercise Runs 2030.1 (a)
- ☐ Freezer 2030.1(b)
- ☐ Oxygen Equipment 2030(f)(11)
- ☐ Emergency Drugs and Equipment 2030 (f)(12)
- ☐ Endotracheal Tubes 2032.4(b)(5)
- ☐ Resuscitation Bags 2032.4(b)(5)

MOBILE

- ☐ Hot & cold water 2030.2(a)(1)
- ☐ 110-volt power 2030.2(a)(2)

PRACTICE MANAGEMENT

- ☐ Notice of No Staff on Premises 2030(d)(3)
- ☐ After Hours Referral 2030(e)
- ☐ Veterinary Reference Library 2030(f)(9)
- ☐ Recordkeeping 2032.3
- ☐ X-Ray Identification 2032.3(c)(2)

CONTROLLED SUBSTANCES

- ☐ Expired Drugs 2030(f)(6)/B&P 4342
- ☐ Drug Log, CFR 130422/2030(f)(6)
- ☐ Drug Security Controls, CFR 1301.75/2030(f)(6)
- ☐ CURES Reporting 4170/H&S 11190
- ☐ Current DEA 2030(f)(6)

SANITARY CONDITIONS

- ☐ Waste Disposal 2030(f)(3)
- ☐ General Sanitary Conditions 2030
- ☐ Waste Disposal 2030 (f)(3)
- ☐ Disposal of Animals 2030 (f)(7)
- ☐ Anesthetic Equipment 2030(f)(10)
- ☐ Anesthetic Monitoring 2032.4(b)(4)&(5)
- ☐ Surgical Packs and Sterile Indicators 2030(g)(5) & (6)
- ☐ Sterilization of Equipment 2030(f)(8)
- ☐ Sanitary Mask, Cap, Gown, & Surgical Gloves 2030(g)(7)(A)&(B)

Hospital inspections are done randomly and without prior notice. **This checklist must be completed and submitted with the application. Failure to submit this will result in the application being returned.**

Managing licensees are required to comply with the minimum standards of practice which are contained in this application package and which can be found in the California Code of Regulations, beginning with Section 2030. As a managing licensee, you are responsible for ensuring that the permit for which you are applying is in compliance with all applicable laws. In the event that the premises is in violation of any applicable laws, you will be held responsible and may have disciplinary action taken against you.

By signing below, I certify that I understand that I am responsible for ensuring that this premises for which I am applying meets the minimum standards of practice as I have identified above and is in compliance with all applicable laws.

Managing Licensee Signature

Date

10. Disclosure Question

Since you last renewed your license, have you been convicted or pled nolo contendere to a felony or misdemeanor, other than a minor traffic violation, or had any disciplinary action taken against you by any licensing/regulatory agency in this or any other state?

☐ Yes ☐ No

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Managing Licensee Signature

Date

INFORMATION COLLECTION, ACCESS AND DISCLOSURE

The information you provide on this application is maintained by the Executive Officer of the Veterinary Medical Board, Department of Consumer Affairs, 2005 Evergreen St., Suite 2250, Sacramento, CA 95815, (916) 263-2610. The information is requested pursuant to Business and Professions Code sections 4853 and 4853.1 and California Code of Regulations, Title 16, Sections 2030, 2030.1, and 2030.2.

It is mandatory that you provide all information requested. Omission of any item of required information will result in the application being rejected as incomplete.

Disclosure of your Social Security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455[42 USCA §405(c)(2)(C)] authorize collection of your Social Security number. Your Social Security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which uses a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your Social Security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

Your completed application becomes the property of the Board and will be used by authorized personnel to determine your eligibility for a license, registration or permit. Information on your application may be transferred to other governmental or law enforcement agencies. Pursuant to the California Public Records Act (Gov. Code §6250 et seq.) and the Information Practices Act (Div. Code §1798.61), the names and addresses of persons possessing a license or registration may be disclosed by the department unless otherwise specifically exempt from disclosure under the law. **Consequently, the personal name and address information entered on the attached form(s) may become public information subject to disclosure.**

You have the right to review the records maintained on you by the Board or department unless the records are exempt by section 1798.40 of the Civil Code. You may gain access to the information by contacting the Bureau at the above address.

The name and address you have included on this application is subject to public disclosure and may be disclosed upon request, however if the residential address is different than the practice address, that address may remain confidential.

Incomplete applications will be returned. Please ensure that all information is complete and accurate. Please make check/money order payable to the Veterinary Medical Board and mail completed application to: Veterinary Medical Board, 2005 Evergreen St., Suite 2250, Sacramento, CA 95815.

Please visit the Board's website at www.vmb.ca.gov for further information on the Board.

2005 VETERINARY MEDICINE PRACTICE ACT
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